



SHL

State of Rhode Island and Providence Plantations - Department of Health SHELLFISH BUSINESS REGISTRATION APPLICATION (CHAPTER 21-31, 21-14)

<u>CLASSIFY THE OPERATION BY CHECKING THE APPROPRIATE BOX BELOW:</u>			<u>OFFICE USE ONLY</u>		
PREFIX	CLASSIFICATION	FEES	Approved by:		Date:
SHL	SHELLFISH SHIPPER (SS)	\$240.00			
SHL	SHELLFISH RESHIPPER (RS)	\$240.00			
SHL	SHELLFISH REPACKER (RP)	\$300.00	License No.:		
SHL	SHELLFISH SHUCKER PACKER (SP)	\$300.00			
	REVIEW OF PLANS	_____			
TOTAL		<div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>			

CHECK ONE **ORIGINAL APPLICATION**

REVISED APPLICATION (Change of Fact)

BUSINESS NAME		
PREVIOUS BUSINESS NAME (IF ANY)		
BUSINESS ADDRESS		
CITY/TOWN	ST	ZIP CODE
MAILING ADDRESS		
CITY/TOWN	ST	ZIP CODE
BUSINESS PHONE	E-MAIL	
MANAGER		
Will you be buying shellfish from harvesters? Yes No		
Are you requesting annual certification to ship shellfish interstate? Yes No		

OWNER(S)

LIST NAME OF INDIVIDUAL OR CORPORATION, TITLE,

RESIDENCE, ADDRESS AND PHONE OF EACH OWNER,

PRINCIPAL, PARTNER, OR CORPORATE OFFICER:

A.

		PHONE
B.		
		PHONE
WATER SYSTEM	PUBLIC	PRIVATE
SEWAGE SYSTEM	PUBLIC	PRIVATE

APPLICANT'S SIGNATURE:

I, UNDERSIGNED, ON OATH, HEREBY DECLARE UNDER THE PENALTY OF PERJURY THAT ALL THE STATEMENTS MADE ON THIS APPLICATION AND IN SUPPORT THEREOF ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF; THAT THIS APPLICATION IS MADE AFTER COMPLIANCE WITH THE LAWS, RULES AND REGULATIONS OF THE STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS AND WITH THOSE OF ALL OTHER JURISDICTIONAL AUTHORITIES; AND THAT ALL PREMISES, MACHINERY, EQUIPMENT, MATERIAL, OPERATING CONDITIONS, AND PROCEDURES SHALL BE MAINTAINED IN COMPLIANCE WITH SAID LAWS, RULES, AND REGULATIONS.

1. SIGNATURE OF APPLICANT _____

2. PRINT OR TYPE NAME & TITLE _____

3. DATE _____

INSTRUCTIONS

1. REGISTRATION SHALL BE BASED UPON **SATISFACTORY COMPLIANCE** WITH ALL APPLICABLE LAWS AND REGULATIONS.

2. CERTIFICATION SHALL BE BASED ON COMPLIANCE WITH THE NATIONAL SHELLFISH SANITATION PROGRAM REQUIREMENTS AND ANY OTHER APPLICABLE LAWS AND REGULATIONS.

3. REGISTRATION FORMS MUST BE TYPED OR LEGIBLY PRINTED IN INK EXCEPT SIGNATURES WHICH MUST BE WRITTEN IN INK.

4. COMPLETED APPLICATION MUST BE PROPERLY CLASSIFIED AND SUBMITTED WITH THE PROPER FEE***(ABOVE), A RECEIPT OR CANCELED CHECK DOES NOT GUARANTEE LICENSURE.

5. OMISSION OF ANY ANSWER MAY BECAUSE FOR REJECTION OF THIS APPLICATION.

6. **MAKE CHECKS** PAYABLE TO **GENERAL TREASURER, STATE OF RHODE ISLAND, SUBMIT APPLICATION TO:**
DIVISION OF FOOD PROTECTION, ROOM 203, 3 CAPITOL HILL, PROVIDENCE, RI 02908-5097.